

Exhibit B
Work Plan for the California Mental Health Care Management Program (CalMEND)
Mental Health Services Act (MHSA) -- 2010-11
CA Department of Health Care Services (DHCS)

| Goals, Objectives and Activities | Due Date | Primary Resp. | Support Role | Comments/Status |
|---|---|--|--------------|---|
| Goal I: Build effective program and administrative infrastructure for CalMEND | | | | |
| Objective 1: Establish administrative & program expertise within DHCS to enable effective program direction and organizational structure that supports development and implementation of a care management program. | | | | <u>Desired Outcome:</u> Provide medical, pharmacy, data analysis, program management, and administrative support and oversight within DHCS. |
| Activities: <ul style="list-style-type: none"> Retain and augment CalMEND staff through Budget Change Proposal (BCP), submitted at end of FY 09-10. BCP was approved by DHCS and CHHSA; anticipate approval by DOF. As CalMEND enters Phase III, determine whether current team format is most effective & whether altering composition of team would be more beneficial for program outcomes. Develop & implement strategy for use and maintenance of the CalMEND website. | BCP submitted 6/2010; effective 7/1/11. All required deadlines were met. Ongoing | CalMEND Staff, led by Dr. Handon & Lois Williams of DHCS Pauline Chan (w/staff support) | | <u>Desired Outcome:</u> Extending 4 limited-term positions: Pharmacy Consultant II, Health Program Specialist II, Research Specialist II, and an Office Technician. These existing (LT) positions will provide ongoing administration and oversight of CalMEND in DHCS Pharmacy Benefits Division. <u>Desired Outcome:</u> Update existing website to include current accomplishments and deliverables. Re-design to highlight CalMEND's objectives, services, & outcomes, & to be user friendly. Develop ongoing maintenance process. |
| Activity: <ul style="list-style-type: none"> Modify selected change concepts to promote integration of publicly funded primary care and mental health services. | July 2010 through June 2011 | CalMEND Team (i.e., appropriate DHCS staff and consultants) | | <u>Desired Outcome:</u> Integration Pilot Collaborative will further inform and modify the Change Package, and will continue to receive training and TA from experts as they move forward on their integration projects, reporting back on a regular basis on their progress. |
| Objective 2: Secure effective specialty | July 2010 | CalMEND | DHCS | <u>Desired Outcome:</u> Determine and take steps to secure |

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| mental health, reimbursement, quality improvement and data collection, analysis and health information exchange consultation or expertise. | through June 2011 | Team | Contract Staff | appropriate and effective staffing composition as some Phase II contracts are ending and CalMEND is entering Phase III. |
| Goal 2: Improve Mental and Medical Health (MH) Outcomes for persons with SMI or SED (serious mental illness/serious emotional disorder). | | | | |
| Objective 1: Improve integration of mental and medical care services at the primary care level for older adults and adults. | | | | |
| Activities: <ul style="list-style-type: none"> Learning Session numbers 2 and 3 to take place to continue training county staff as they begin implementing the collaborative pilots for CPCI (CalMEND Pilot Collaborative on Integration). Continue collecting and reviewing data from CPCI pilot projects and feedback from client participants. Continue planning CalMEND Phase III. | July 2010 through June 2011 | CalMEND Team (DHCS staff liaison is Pauline Chan) | | Desired Outcomes: Train primary care providers on MH care principles & practices to improve their ability to provide care to persons with SMI, in collaboration with mental health providers; train mental health providers on primary care principles and practices of diagnosis & management of common co-occurring medical diseases to improve their ability to manage clients in collaboration w/primary health care providers; initiate evaluation of best practices; plan for spread and sustainability of integrated consultative services; identify promising models for sustainability and spread. |
| Activities: Medication Therapy Management (MTM)—Integrating Client-centered clinical pharmacy services with | July 2010 through June 2011 | CalMEND Team (DHCS staff liaison is | | Desired Outcomes: Conduct MTM Service demonstration project—post UCSD pilot; design a survey of clinical pharmacy services in priary care clinics that have high number of MH clients; follow-up |

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| comprehensive MTM into primary care and mental health settings by: <ul style="list-style-type: none"> • Providing pharmacist expertise to CaIMEND projects. • Help support MTM Services Pilot. • Help support counties to continue performance improvement projects. • Identify resources that further enhance clinical pharmacy services. • Interface with client and family, embedding client and family philosophy into pharmacy practice model. | | Pauline Chan) | | on survey results to develop pilots to implement model in these setting. |
| <u>Objective 2:</u> Improve efficiency and effectiveness of services provided in specialty mental health systems for persons with serious mental illness (SMI). | | | | |
| <u>Activities:</u> <ul style="list-style-type: none"> • A continuation of pilot collaborative performance improvement projects with specialty county mental health services, focusing on outcome analyses • Provide support to spread best practices (e.g. webinar to disseminate best practices, innovations and new models) | July 2010 Through June 2011 | DHCS staff: Pauline Chan, John Igwe, Julie Cheung | | <u>Desired Outcome:</u> Increased collaboration between CaIMEND, specialty county mental health services & APS Healthcare (the EQRO), as well as spread of best practices beyond CaIMEND to County MH for EQRO PIPs. |

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| Activities: <ul style="list-style-type: none"> Conduct ICSC Learning Sessions and Action Periods #3 through #5 and prepare for "Harvest Session" in early FY 2011-12. Revise the Change Package, based upon the accumulated learning. Introduce Improvement Model as a strategy for EQRO PIPs (External Quality Review Organization Performance Improvement Projects). Introduce Small County Emergency Risk Pool (JPA) to improvement model for PIP in primary care integration. Begin development of plan for spread: <ul style="list-style-type: none"> - in LA County - in other counties/regions - statewide | July 2010 through June 2011 | CaIMEND Team (DHCS staff liaison is Lois Williams) | | <u>Desired Outcome:</u> Through ICSC (Improving Client Service Capacity), teams from mental health organizations in LA County are learning how to effect change that will improve transitions and recovery for clients with SMI. <u>Desired Outcome:</u> Increased collaboration between CaIMEND & APS Healthcare (the EQRO), as well as spread of Improvement Model to beyond CaIMEND to County MH for EQRO PIPs. |
| Objective 3: Improve efficiency and effectiveness of services provided for children/youth, including transitional age youth (TAY). | | | | |
| Activities: <ul style="list-style-type: none"> Continue Health Services Research on the safety of medications for | July 2010 through | CaIMEND Team | | <u>Desired Outcome:</u> Continue Health Services Research on safety of medications for children/youth, with the |

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| <p>children/youth, by using preliminary data to develop an ongoing medication utilization review and utilization management report for the children and adolescent populations.</p> <ul style="list-style-type: none"> • Collaborate with UCLA to plan and develop a process of how to use decision aids within the context of a public mental health setting. • Poster abstract accepted for presentation at Society for Medical Decision Making annual meeting on 10/25/2010, in Toronto, Canada. Abstract titled "Antipsychotic Decision Aid Acceptability: Feedback from Clients, Family Members". • Contract executed to collaborate with UCLA to plan and develop process of how to use DAs within the context of a public MH setting, and recruited clinic site to do the work. • Continuing outreach and discussions with DA developers, including University of Ottawa, SAMHSA, Society for Medical Decision Making for updates of | June 2011 | (DHCS staff liaison is Pauline Chan) | | <p>goal of developing a report summarizing the strength of scientific evidence for the use and safety monitoring of psychotropic medication for children. The report will include tables illustrating the evidence strength, clinical indications, adverse events, and relevant practice guideline(s) for psychotropic meds by medication class.</p> <p><u>Desired Outcome:</u> Implement a Decision Aid (DA) Tool that will help people make specific, deliberate choices, provide information about the options and outcomes that are relevant to a person's health status and personal values, and that will provide adjuncts to counseling and improving personal decision making.</p> |

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| development in shared decision-making and DAs. | | | | |
| Goal 3: Support client recovery, resilience, rehabilitation. | | | | |
| <u>Objective:</u> <i>None identified.</i> | | | | |
| Activities: <ul style="list-style-type: none"> • CaIMEND Client and Family Members Subcommittee (C/F) providing input on update to Decision Aid Tool (DA). • C/F to review and provide feedback on HARP (a peer-led intervention to improve medical self-management for persons with serious mental illness) to CPCI/CaIMEND (C/F will receive self-study materials to review at home). • Provide C/F feedback & include client/family in the design of a client-centered approach to a comprehensive medication therapy management service (MTMS) tailored to population w/SMI – currently there are “Meds Only” group or group that requires supportive services; both would benefit from a client centered approach with interventions that fit their needs. A previous document mapped the Clinical Guide (swim-lanes) w/MTMS | July 2010 through June 2011 | CaIMEND Team (DHCS staff liaison is Lois Williams) | | <p><u>Desired Outcome:</u> Purpose of DA is to assist people in making deliberate choices; provide information about the options & outcomes that are relevant to a person’s health status and clarify personal values, and provide adjuncts to counseling and improving personal decision making. C/F participation is essential to achieving this outcome.</p> <p><u>Desired Outcome:</u> Greater focus on incorporating self-management approaches in CaIMEND activities/products.</p> <p><u>Desired Outcome:</u> Incorporate a client centered approach and perspective with interventions that fit their needs.</p> |

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| <p>core requirements. This doc could be considered starting point to discuss at C/F call for feedback.</p> <ul style="list-style-type: none"> Provide C/F feedback on Pharmacy Toolkit, which provides clinical expertise in creating an effective Utilization Review /Utilization Management (UR/UM) system for drugs used to treat SMI/SED, & for distributing medication-related data to participating counties. | | | | <p><u>Desired Outcome:</u> Incorporate a client centered approach and perspective with interventions that fit their needs.</p> |
| Goal 4: Identify reimbursement goals and strategies to support improved care. | | | | |
| <u>Objective:</u> <i>None identified.</i> | | | | |
| <p><u>Activities:</u> <i>None planned at this time</i></p> | N/A | N/A | | <p><u>Desired Outcome:</u> Identify current reimbursement mechanisms for services provided to Medi-Cal beneficiaries with SMI or SED, and any significant gaps and determine strategies to develop necessary reimbursement mechanisms to support service changes/improvements recommended by CaIMEND.</p> |

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| Goal 5: Improve efficiency and effectiveness of data collection and analysis and health information exchange efforts to support achievement of CaIMEND UM/UR, QI, service integration, reimbursement and research goals/objectives. | | | | |
| <u>Objective:</u> <i>None identified.</i> | | | | |
| Activities: <ul style="list-style-type: none"> Support CaIMEND to explore the integration of CSI and DHCS data for research in the area of mental health disparities conducted by UCD. Additionally, coordinate w/DMH to investigate the use of DMH data sets to support registry use within the pilots (CPCI and ICSC) Support efforts with Licensing and Certification in FY10/11, including white paper with policy recommendations. Develop proposal to expand data set provided to Alameda County to include all psychotropic drugs. Collaborate with Alameda to assess impact of data exchange on oversight of MH pharmacy practices. Pending IRB & DRC approval, support CaIMEND collaborations with researchers at UCD to explore disparities in MH services across CA & the UCB Petris Center to examine the | July 2010 through June 2011 | CaIMEND Team (DHCS staff liaisons are John Igwe and Pauline Chan) | | <u>Desired Outcomes:</u> Development and facilitation of data sharing strategies, policies, and procedures to support CaIMEND pilots, PIPs, research, and interagency activities; design client-centered data system with interfaces between participating organizations; provide liaison to DHCS and state efforts to design a more effective and efficient HIE system; support health services research. |

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| off-label use of antipsychotics. <ul style="list-style-type: none"> Work w/NCCBH to develop a strategic plan for health information exchange and registry use to support integrative care within the context of CPCI, as well improvements in MH services under ICSC. Pursue the exchange of data with ADP (Dept. of Alcohol and Drug Programs) to support research and quality improvement efforts for individuals with SMI & substance use issues. | | | | |
| Goal 6: Facilitate Improvements in efficiency and effectiveness of services for individuals with SMI/SED in other state systems. | | | | |
| Objective: <i>None identified.</i> | | | | |
| Activities: <i>None planned at this time</i> | N/A | N/A | | <u>Desired Outcome:</u> Collaborate with multiple state organizations that provide mental health services to persons with SMI or SED, and who are partners in CaIMEND. |